

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013384

FILED APR 20 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1632

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS 625 Huntington Rd.	
Length of stay in lb 70 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle SHELTON Last KING		4. DATE OF DEATH Month March Day 28 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 6, 1871
9. AGE (In years last birthday) 87		10. FUNDING YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Paymaster		10b. KIND OF BUSINESS OR INDUSTRY Swift & Company	
11. BIRTHPLACE (City and state or country) Burlington, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME James S. King		13b. MOTHER'S MAIDEN NAME Margaret Branson	
14. NAME OF HUSBAND OR WIFE Georgia Elliott King		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 493-12-0387		17. INFORMANT KANSAS CITY, MISSOURI Robert S. King, 625 Huntington Road	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Peritonitis DUE TO (b) Perforated Carcinoma of Cecum DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Smility, Anemia			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE None		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None	
20c. TIME OF INJURY None		20d. INJURY OCCURRED WHILE AT WORK None	
20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) None		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1940 to 3-28-59 and last saw him alive on 3-28-59 Death occurred at 9:50 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harvey Jennett, M.D.		22b. ADDRESS 1580 Professional Bldg. Kansas City, Mo.	
22c. DATE SIGNED 3-30-59		23a. BURIAL, CREMATION, RECOVERY (Specify) Burial	
23b. DATE Mch. 31, 1959		23c. NAME OF CEMETERY Mt. Moriah Cemetery	
23d. LOCATION (City, town, or county) Kansas City		(State) Missouri	
24. FUNERAL DIRECTOR 1331 Brush Creek Blvd. D.W. Newcomer's Sons, K.C. Missouri		25. DATE RECD. BY LOCAL REG. 3-31-59	
26. REGISTRAR'S SIGNATURE Elva Marshall			

All diseases in Part I must be causally related.

J. Harvey Jennett, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Raymond M. Hardy*

Licensed Embalmer No. *4913*
P. O. Address *Indep., Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.